

## General

### Title

Adult body mass index (BMI) assessment: percentage of members 18 to 74 years of age who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year.

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of members 18 to 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative specification. Refer to the original measure documentation for details pertaining to the Hybrid specification.

### Rationale

Obesity is the second leading cause of preventable death in the United States (U.S.). It is a complex, multifaceted, chronic disease that is affected by environmental, genetic, physiological, metabolic, behavioral and psychological components. Approximately 127 million American adults are overweight, 60 million are obese and 9 million are severely obese (American Obesity Association [AOA], 2005). Obesity affects every ethnicity, socioeconomic class and geographic region in the U.S. This disease has been growing by epidemic proportions, with the prevalence increasing by approximately 50 percent per decade. Obesity's impact on individual overall health has drastically increased as well. It increases both morbidity and mortality rates and the risk of conditions such as diabetes, coronary heart disease (CHD) and cancer. It has a substantial negative effect on longevity, reducing the length of life of people who are severely obese by an estimated 5 to 20 years (Olshansky et al., 2005). Overweight and obesity are also contributing causes to more than 50 percent of all-cause mortality among American adults aged 20 to 74, which results in a significant economic impact—approximately \$99.2 billion is spent annually on obesity-related medical care and disability in the U.S. (Thomas et al., 2003).

It is estimated that the aggregate cost of obesity ranges from 5 to 7 percent of the total of annual medical expenditures in the U.S. (\$75 billion per year) (Finkelstein, Fiebelkorn, & Wang, 2003; Finkelstein, Ruhm, & Kosa, 2005). In 1994 the estimated cost of obesity to U.S. business was \$12.7 billion (\$10.1 billion due to moderate or severe obesity; \$2.6 billion due to mild obesity). Obesity-attributable business expenditures include paid sick leave, life insurance and health insurance, totaling \$2.4 billion, \$1.8 billion and \$800 million, respectively (Thompson et al., 1998). Not only is the prevalence of obesity increasing, but the relative per capita spending among obese Americans is also increasing. That increase accounted for 27 percent of the growth in real per capita spending between 1987 and 2001. Within that period, the prevalence of obesity increased by 10.3 percentage points, to almost 24 percent of the adult population (Thorpe et al., 2004). The rise in obesity is directly correlated to drastic increases in three major conditions: diabetes, hyperlipidemia and heart disease. The increase in per capita spending is caused by the increase in obesity prevalence and the increase in spending on the obese, relative to those of normal weight (Thompson et al., 1998).

Guidelines from various organizations, including the Institute for Clinical Systems Improvement (ICSI); the U.S. Preventive Services Task Force (USPSTF); the National Heart, Lung, and Blood Institute (NHLBI); and the Michigan Quality Improvement Consortium, indicate that the first step in weight management is assessment of height and weight in order to calculate a patient's body mass index (BMI).

BMI is considered the most efficient and effective method for assessing excess body fat; it is a starting point for assessing the relationship between weight and height, and it is the most conducive method of assessment in the primary care setting (NHLBI, 2001).

## Evidence for Rationale

American Obesity Association (AOA). AOA fact sheets: what is obesity; obesity in the U.S.; and health effects of obesity. [internet]. Silver Spring (MD): American Obesity Association (AOA); 2005 Mar.

Finkelstein EA, Fiebelkorn IC, Wang G. National medical spending attributable to overweight and obesity: how much, and who's paying. *Health Aff (Millwood)*. 2003 Jan-Jun;Suppl Web:W3-219-26. [PubMed](#)

Finkelstein EA, Ruhm CJ, Kosa KM. Economic causes and consequences of obesity. *Annu Rev Public Health*. 2005;26:239-57. [80 references] [PubMed](#)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Heart, Lung and Blood Institute. The NHLBI practical guide: identification, evaluation, and treatment of overweight and obesity in adults. NIH Publication No. 00-4084 or 02-4084. Bethesda (MD): National Institutes of Health; 2001.

Olshansky SJ, Passaro DJ, Hershow RC, Layden J, Carnes BA, Brody J, Hayflick L, Butler RN, Allison DB, Ludwig DS. A potential decline in life expectancy in the United States in the 21st century. *N Engl J Med*. 2005 Mar 17;352(11):1138-45. [PubMed](#)

Thomas A, Hodges B, et al. Obesity in women: a guide to assessment and management. Boston (MA): Brigham and Women's Hospital; 2003.

Thompson D, Edelsberg J, Kinsey KL, Oster G. Estimated economic costs of obesity to U.S. business. *Am J Health Promot*. 1998 Nov-Dec;13(2):120-7. [PubMed](#)

Thorpe KE, Florence CS, Howard DH, Joski P. The impact of obesity on rising medical spending. *Health Aff (Millwood)*. 2004 Jul-Dec;Suppl Web:W4-480-6. [PubMed](#)

## Primary Health Components

Body mass index (BMI)

## Denominator Description

Members age 18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year who had an outpatient visit during the measurement year or the year prior to the measurement year (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

For members 20 years of age or older on the date of service, body mass index (BMI) during the measurement year or year prior to the measurement year

For members younger than 20 years of age on the date of service, BMI percentile during the measurement year or the year prior to the measurement year

See the related "Numerator Inclusions/Exclusions" field.

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

- "Obesity" is defined as an amount of body fat higher than what is considered healthy for an individual's weight (National Heart, Lung and Blood Institute [NHLBI], 2012; Robert Wood Johnson Foundation [RWJF], 2012). Obesity contributes to nearly one in five deaths in the United States (U.S.) (RWJF, 2012). Obesity ranges are determined by using a commonly used weight-for-height screening tool called the "body mass index" (BMI), which correlates with the amount of body fat (NHLBI, 2012).
- If current trends continue, total health care costs attributable to obesity could reach \$861 to \$957 billion by 2030, accounting for 16 to 18 percent of U.S. health expenditures (Go et al., 2013).
- Currently, more than two-thirds of U.S. adults (68.8 percent) are considered overweight and more than one-third (35.7 percent) are considered obese (Centers for Disease Control and Prevention [CDC], 2012; National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK], 2012).
- Even modest weight loss, such as 5 to 10 percent of total body weight, can improve blood pressure, blood cholesterol and blood sugars, and can decrease the rise of chronic diseases related to obesity (CDC, 2011).
- BMI provides the most useful population-level measure of overweight and obesity (Masters et al., 2013). Careful monitoring of BMI will help health care providers identify adults who are at risk and provide focused advice and services to help them reach and maintain a healthier weight.

## Evidence for Additional Information Supporting Need for the Measure

Centers for Disease Control and Prevention (CDC). Healthy weightâ€™itâ€™s not a diet, itâ€™s a lifestyle! Losing weight. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2011 [accessed 2014 Jun 17].

Centers for Disease Control and Prevention (CDC). Overweight and obesity: adult obesity facts. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2012 [accessed 2014 Jun 18].

Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Borden WB, Bravata DM, Dai S, Ford ES, Fox CS, Franco S, Fullerton HJ, Gillespie C, Hailpern SM, Heit JA, Howard VJ, Huffman MD, Kissela BM, Kittner SJ, Lackland DT, Lichtman JH, Lisabeth LD, Magid D, Marcus GM, Marelli A, Matchar DB, McGuire DK, Mohler ER, Moy CS, Mussolino ME, Nichol G, Paynter NP, Schreiner PJ, Sorlie PD, Stein J, Turan TN, Virani SS, Wong ND, Woo D, Turner MB, American Heart Association Statistics Committee and Stroke Statistics. Heart disease and stroke statistics--2013 update: a report from the American Heart Association. *Circulation*. 2013 Jan 1;127(1):e6-e245. [PubMed](#)

Masters RK, Reither EN, Powers DA, Yang YC, Burger AE, Link BG. The impact of obesity on US mortality levels: the importance of age and cohort factors in population estimates. *Am J Public Health*. 2013 Oct;103(10):1895-901. [PubMed](#)

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

National Heart, Lung and Blood Institute (NHLBI). What are overweight and obesity?. [internet]. Bethesda (MD): National Heart, Lung and Blood Institute (NHLBI); 2012 [accessed 2014 Jun 17].

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Weight-control Information Network. Overweight and obesity statistics. [internet]. Bethesda (MD): National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); 2012 [accessed 2014 Jun 18].

Robert Wood Johnson Foundation (RWJF). Issue report. F as in fat: how obesity threatens America's future. [internet]. Washington (DC): Robert Wood Johnson Foundation (RWJF); 2012 Sep [accessed 2014 Jun 17]. [124 p].

## Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

## Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

Managed Care Plans

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

### Statement of Acceptable Minimum Sample Size

Specified

### Target Population Age

Age 18 to 74 years

## Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Staying Healthy

## IOM Domain

Effectiveness

# Data Collection for the Measure

## Case Finding Period

The measurement year and the year prior to the measurement year

## Denominator Sampling Frame

Enrollees or beneficiaries

## Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

Members age 18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year who had an outpatient visit (Outpatient Value Set) during the measurement year or the year prior to the measurement year

#### Note:

Members must have been continuously enrolled during the measurement year and the year prior to the measurement year.  
*Allowable Gap:* No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage.

### Exclusions

Members who have a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year or the year prior to the measurement year (*Optional*)

### Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

For members 20 years of age or older on the date of service, body mass index (BMI) (BMI Value Set) during the measurement year or year prior to the measurement year

For members younger than 20 years of age on the date of service, BMI percentile (BMI Percentile Value Set) during the measurement year or the year prior to the measurement year

### Exclusions

Unspecified

### Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

Paper medical record

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

### Measure Specifies Disaggregation

Does not apply to this measure

### Scoring

Rate/Proportion

### Interpretation of Score

Desired value is a higher score

### Allowance for Patient or Population Factors

not defined yet

### Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial, Medicaid, and Medicare product lines.

### Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Adult BMI assessment (ABA).

### Measure Collection Name

HEDIS 2016: Health Plan Collection



## Measure Set Name

Effectiveness of Care

## Measure Subset Name

Prevention and Screening

## Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

## Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

## Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2015 Oct

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on March 6, 2009. The information was verified by the measure developer on May 29, 2009.

This NQMC summary was updated by ECRI Institute on January 15, 2010 and on February 16, 2011.

This NQMC summary was retrofitted into the new template on June 29, 2011.

This NQMC summary was updated by ECRI Institute on May 8, 2012, March 27, 2013, January 17, 2014, January 14, 2015, and again on January 4, 2016.

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## Production

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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